

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SA	68966 1/19	11-29-00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	7/10/99
Original	7/10/99
1	7/10/99
2	
3	✓/✓
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22	✓/✓
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40	✓/✓
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45	✓/✓
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49	
50	✓

Claim	Date
Final	10/9
Original	10/9
51	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet(s) to back of issue slip

**BEST AVAILABLE COPY**

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